



ZFW

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) SCH-2029																	
In re Application of Caroline Osterhoff																			
Application Number 10/668,181	Filed September 24, 2003																		
EPIDIDYMIS-SPECIFIC RECEPTOR PROTEIN AND ITS For USE																			
Group Art Unit 1649	Examiner John D. Ulm																		
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <table><tbody><tr><td><input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))</td><td>\$120.00</td></tr><tr><td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td><td>\$ _____</td></tr><tr><td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td><td>\$ _____</td></tr><tr><td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td><td>\$ _____</td></tr><tr><td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td><td>\$ _____</td></tr></tbody></table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____.</p> <p><input checked="" type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>13-3402</u>.</p> <p>I have enclosed a duplicate copy of this sheet.</p> <p>I am the <input type="checkbox"/> applicant/inventor.</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71</p> <p>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> attorney or agent of record.</p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34(a).</p> <p>Registration number if acting under 37 CFR 1.34(a). _____</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <table><tbody><tr><td>October 5, 2005</td><td rowspan="2"></td></tr><tr><td>Date</td></tr><tr><td>00000106 10668181</td><td>Richard M. Lebovitz, Reg. No. 37,067</td></tr><tr><td>120.00 OP</td><td>Typed or printed name</td></tr></tbody></table> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.</p> <p><input type="checkbox"/> *Total of _____ forms are submitted.</p>			<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120.00	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$ _____	<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$ _____	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$ _____	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$ _____	October 5, 2005		Date	00000106 10668181	Richard M. Lebovitz, Reg. No. 37,067	120.00 OP	Typed or printed name
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120.00																		
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$ _____																		
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$ _____																		
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$ _____																		
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$ _____																		
October 5, 2005																			
Date																			
00000106 10668181	Richard M. Lebovitz, Reg. No. 37,067																		
120.00 OP	Typed or printed name																		

10/06/2005 JADD01
01 FC:1251